

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/16/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155777		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 04/24/2012	
NAME OF PROVIDER OR SUPPLIER  CREASY SPRINGS HEALTH CAMPUS				STREET ADDRESS, CITY, STATE, ZIP CODE 1750 S CREASY LN LAFAYETTE, IN 47905			
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F0000	<p>This visit was for the Investigation of Complaints IN00105876 and IN00106340.</p> <p>Complaint IN00105876: Unsubstantiated due to lack of evidence.</p> <p>Complaint IN00106340: Substantiated, federal/state deficiencies related to the allegation are cited at F323.</p> <p>Survey Dates: April 23, 24, 2012</p> <p>Facility number: 012285 Provider number: 155777 AIM number: 201006770</p> <p>Survey team: Linda Campbell, RN</p> <p>Census bed type: SNF/NF: 10 NCC: 53 Residential: 47 Total: 110</p> <p>Census payor type: Medicare: 36 Medicaid: 1 Other: 73 Total: 110</p>		F0000	<p>The submission of this POC does not indicate an admission by Creasy Springs Health Campus that the findings and allegations contained herein are accurate and true representations of the quality of care and services provided to the residents of Creasy Springs Health Campus. The facility maintains it is in substantial compliance with the requirements of participation for comprehensive health care facilities. This POC will serve as the credible allegation of compliance with all federal and state requirements governing management of this facility.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Sample: 5 Residential Sample: 3</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review completed on April 25, 2012 by Bev Faulkner, R.N.</p>						

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F0323 SS=G	<p>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Based on observation, interview, and record review, the facility failed to ensure adequate supervision and implementation of interventions to prevent falls resulting in a fractured neck and broken tooth (Resident A). This affected 3 of 5 residents with falls in a sample of 5. (Residents #A, #B, #C).</p> <p>Findings include:</p> <p>1. Resident #A's closed clinical record was reviewed on 4/23/12 at 10:00 A.M. The record indicated the resident was admitted with diagnoses which included, but were not limited to, dementia, anxiety, abdominal aortic aneurysm, and malnutrition.</p> <p>A Minimum Data Set (MDS)</p>		F0323	<p><b>F - 323 Date: May 16, 2012</b> <b>Corrective Actions accomplished for those residents found to have been affected by the alleged deficient practice:</b> Resident A discharged 3/24/12. Residents B and C were reviewed at time of survey to ensure their careplan interventions for falls were in place including alarms which were in place and functioning. <b>Identification of other residents having the potential to be affected by the same alleged deficient practice and corrective actions take:</b> Current residents with alarms have been reviewed to ensure alarm is in place and functioning. Current residents that have fallen since 4/23/12 have been reviewed to ensure their careplan has been updated with their interventions. <b>Measures put into place and systemic changes made to ensure the alleged deficient practice does not recur:</b> All nursing staff has been inserviced on hourly rounding, documentation of resident behavior interventions with follow up, and the Fall Management</p>		05/16/2012	

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	<p>Quarterly Assessment, dated 11/16/11, indicated the resident was severely impaired in cognitive decision-making skills, required extensive one-person physical assistance for transfer and toilet use, was non-ambulatory, was incontinent of bowel and bladder, and had one fall.</p> <p>A "Nursing Assessment and Data Collection," dated 1/10/12, indicated the resident had bed and chair alarms, had cognitive impairment which effected safety/judgment, had difficulty understanding and following directions, required assistive device and/or forgot or refused to use, and was non-compliant with safety measures. Further review indicated the resident was at risk for falls.</p> <p>Review of "Fall Circumstance, Assessment, and Intervention" forms indicated the resident had fallen on 10/17/11, 11/4/11, and 12/4/11.</p>		<p>Program Guideline and safety with interventions. Careplans and C.N.A assignment sheets have been reviewed and updated with current information to care for the resident. <b>How the corrective measures will be monitored to ensure the alleged deficient practice does not recur:</b> DHS/designee will review all admissions/readmissions and ensure any resident identified as a fall risk have interventions in place and careplan, C.N.A assignment sheets are updated with their interventions for care. DHS/designee will audit seven days per week regarding the following: hourly rounding completion, adaptive equipment in place and functioning, behavior intervention documentation all reviewed times 30 days then five days per week times 30 days and then three times per week for 30 days or until substantial compliance is achieved. Audits will be reviewed during the monthly Quality Assurance meeting for six months.</p>				

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	<p>A resident care plan indicated:</p> <p>1/31/12 "...Behavior Problem...Resists Care when waiting for help with transfers and ambulation...bed and chair alarms to alert staff to any unassisted transfers..."</p> <p>8/24/11 and updated 11/17/11 "...Hx (history of anxiety or agitation AEB (as evidenced by) being easily annoyed...Re-direct, 1:1, offer to return to room, offer to toilet, offer food or fluid, Offer to change position, offer back rub..."</p> <p>10/17/11 and updated 1/17/12 "...Falls At risk for fall/injury...safety measures to reduce fall risk...additional approaches: Bed pad alarm, chair pad alarm..."</p> <p>A Nurses' Note, dated 3/24/12 at 11:57 P.M., indicated "Res has been up (indicated by arrow) agitated et (and) shown increase (indicated by arrow) in cognitive</p>						

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	<p>deficit over last 3 days. UA (urinalysis) obtained...Over the course of evening resident was up and down (indicated by arrows). Staff unable to redirect effectively, but resident did rest off/on. At 11 PM, res (resident) attempted to get up (indicated by arrow) et was repeatedly stating he wanted to go to farm...Assisted to BR (bathroom) back to bed et in out of W/C (wheelchair). While in W/C resident put arms out et would not allow staff to take out of room. 1:1 provided until res stopped attempting to stand s (without) reason. At 1140 (11:40) PM, staff was alerted to room by W/C alarm et res was lying on floor in front of W/C..." At 11:58 P.M. "...Found resident lying on his (L) side on the floor of his room...Found resident's tooth on carpet..."</p> <p>An "Incident Report Form," dated 3/24/12, indicated "...On 3/24/12 at 2300 (11:00 P.M.) Resident was restless and attempting to ambulate multiple times. RN stayed with</p>						

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	<p>Resident after toileting until it appeared Resident was calm and sitting in wheel chair with ordered alarms on wheel chair in his room. The RN returned to the nurses station. At 2340 (11:40 P.M.), RN, LPN, and CNA immediately (sic) responded to this Resident's chair alarm and observed the Resident laying on his left side on the floor of his room. Type of injury/Injuries: Broken tooth, C-2 (second cervical vertebra) Fracture, Skin tear to left arm, swelling to left hip..."</p> <p>A "Fall Circumstance, Assessment and Intervention" form, dated 3/24/12, indicated "...Witnessed N (no)...Hit head Y (yes)...lost tooth...Activity at time of fall: Transferring self (indicated by checkmark)...other: unknown...Recent agitation or restlessness...Safety equipment in place and functioning at time of incident? Y (yes)...Root cause: Anxiety/Restlessness, S/S (signs/symptoms) of UTI (urinary</p>						

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	<p>tract infection)...Will update upon return..."</p> <p>A Medication Administration Record (MAR) dated, March 2012, indicated "Ativan (an antianxiety medication) 0.5 mg (milligrams) i (one) PO (by mouth) q4hrs (every four hours) anxiety..."</p> <p>Documentation was lacking related to the Ativan having been administered on 3/24/12.</p> <p>A hospital "Preliminary Radiology Report," dated 3/25/12, indicated "...Fall at (name of facility)...Age indeterminate, but probably acute, displaced odontoid (at base of skull) fracture. There is probable severe (sic) resulting spinal canal stenosis (narrowing) at C1-2..."</p> <p>A hospital history and physical, dated 3/25/12, indicated "...patient at the ECF (extended care facility) found down and also the amount of time was uncertain. The patient was noted to have abrasion on that day. Also has rotted tooth. The patient</p>						



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	<p>was brought in the ER (emergency room). The patient was sleepy initially. After evaluation was found to have a CT (computed tomography) scan suggesting of displaced odontoid fracture with severe spinal stenosis at C1-C2...He was just found down by the staff at the ECF...Altered mental status, likely related to the fall and C2 compression fracture..."</p> <p>Interview on 4/23/12 at 10:25 A.M., with the Director of Nursing indicated the resident had increased anxiety and restlessness. She indicated the resident had been brought to the nurses station but wanted to go back to his room. "He asked the nurse to leave" so the nurse left the room, leaving the resident alone, and went to the nurses' station. The alarm sounded and the resident was then found on the floor. She indicated "he was impatient."</p> <p>Interview on 4/24/12 at 9:30 A.M., with the Director of Nursing</p>						

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	<p>indicated the resident "wanted the nurse out of the room." She indicated the nurse left the room to answer another alarm and left the resident alone in the room. The CNA was with another resident. She indicated there was another nurse at the medication cart "trying to get the Ativan" but the resident fell before the nurse could get back to the room.</p> <p>Interview on 3/24/12 at 9:55 A.M., with the Corporate Nurse indicated the resident would "be calm for 5 to 7 minutes and then get agitated again." She indicated the resident fell "before the Ativan could be given."</p> <p>2. On 4/23/12 at 8:30 A.M., during an initial tour with the MDS Coordinator, Resident #B was identified as having no falls.</p> <p>On 4/23/12 at 11:05 A.M., Resident #B was observed sitting in a wheelchair in her room. There was a chair alarm in place.</p>						

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	<p>On 3/23/12 at 11:00 A.M., Resident #B's clinical record was reviewed. The record indicated the resident was admitted with diagnoses which included, but were not limited to, dementia, deep vein thrombosis, chronic obstructive pulmonary disease, and dyspnea (shortness of breath).</p> <p>An MDS Admission Assessment, dated 3/19/12, indicated the resident was severely impaired in cognitive decision-making skills, required extensive two-person physical assistance for transfer and toilet use, was non-ambulatory, was incontinent of bowel and bladder, and had no previous falls.</p> <p>A "Nursing Admission Assessment &amp; Data Collection" form, dated 3/12/12, indicated the resident had long- and short-term memory problems, required bed and chair alarms, had "cognitive impairment that effects safety/judgement", and was at risk for falls.</p>						

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	<p>A resident care plan, dated 3/13/12, indicated "...At risk for fall/injury...Bed &amp; chair alarms..."</p> <p>Nurses' Notes indicated:</p> <p>3/23/12 at 4:45 A.M. "Lab tech (laboratory technician) here; called to BR (bathroom) of (room number) stating he heard a yell - (w) (writer) entered BR to observe res (resident) lying on stomach on floor of BR - head against wall, face down...states 'I hit my head'. Lg (large) swollen blue area noted forming above (L) (left) eye...Bruise over (L) eye darkening in color - dk (dark) blue/purple - swelling increasing over (L) eye - swelling now incorporating above eyebrow et (and) eyelid - upper et down outer eye...911 called et (hospital name) ER called...Res transferred to ER @ 0520 (5:20 A.M.) via amb (ambulance) transport..."</p> <p>3/23/12 at 9:00 A.M. "...New</p>						

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	<p>alarms applied to bed and chair and are properly functioning..."</p> <p>A "Fall Circumstance, Assessment and Intervention" form, dated 3/23/12, indicated "... Witnessed N (no)...Goose egg (L) eye...Activity at time of fall: Transferring self...Toileting...Non-compliant...Safety equipment in place and functioning at time of incident? Y (yes)...W/C in locked position @ foot of bed - Res walked around it - Bed alarm not sounding - however in place et Fx (functioning) properly...Upon return new pressure pad alarm applied. Old pressure pad alarm discarded...Root cause: Attempting to toilet self, Bed alarm did not sound..."</p> <p>A resident care plan, dated 3/12/12, indicated "...3/23/12 New bed/chair alarm applied/ current one replaced. Check (indicated by checkmark) function/placement QS (every shift)..."</p> <p>The record indicated the resident</p>						

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	<p>was admitted to the hospital on 4/1/12 for congestive heart failure. She returned to the facility on 4/5/12.</p> <p>A hospital "Patient Transfer Record," dated 4/5/12, indicated "...Fall Precautions...2 assist c (with) transfers &amp; ambulation...Bruises on face from fall @ ECF..."</p> <p>A "Nursing Admission Assessment &amp; Data Collection" form, dated 4/5/12, indicated "...Alarm type: the form was blank..." Further review indicated the resident was at risk for falls.</p> <p>A resident care plan, dated 4/6/12, "...At risk for fall/injury...4/5/12 Bed/Chair Alarms..."</p> <p>A "PT (physical therapy) - Plan of Care," dated 4/9/12, indicated "...Transfers, Bed &lt;&gt; (to and from) Chair...moderate assistance x 2 (26-75% with 2 people)...Transfers, Sit &lt;&gt;Stand...moderate assistance x</p>						

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	<p>2 (26-75% with 2 people)...Balance, Static Standing...P+ (poor plus) (requires handhold support and moderate assistance to maintain position)...Balance, Dynamic Standing...P+ (unable to accept challenge but can move head without loss of balance)..."</p> <p>A Nurses' Note, dated 4/9/12 at 11:00 P.M., indicated "Res continued to be very restless et up et down from chair. Res assisted to floor by aide..." Documentation was lacking related to the resident being assisted by two staff members.</p> <p>A "Fall Circumstance, Assessment and Intervention" form, dated 4/9/12 indicated "...Witnessed Y (yes)...Assisted to floor...Activity at time of fall: Transferring self (indicated by X)...restlessness...Prevention update...Frequently used items in reach...Diversional activities...Root cause: Restless...When resident</p>						

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	<p>appears restless, offer to ambulate e (with) ii (two) assist..."</p> <p>A resident care plan, dated 4/6/12, indicated "...4/10/12 When Resident appears restless offer to ambulate resident c (with) ii (two) assist..."</p> <p>A Nurses Note, dated 4/11/12, (no time) indicated "reported res up (indicated by arrow) in w/c @ NS (nurses' station). Res noted to be on knees. Couch in front of her et upper (indicated by arrow) body arms resident [sic] on couch...new alarm pad placed et functioning..."</p> <p>A "Fall Circumstance, Assessment and Intervention" form, dated 4/11/12, indicated"...Witnessed N (no)...Found on floor...Activity at time of fall: Transferring self (indicated by X)...Safety equipment in place and functioning at time of incident? N (no) in place 0 (no) alarming...Prevention update...Bed and/or chair alarm replaced...Root cause: Restless...Add med</p>						



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	<p>(medication) review et monitor @ nurses station during periods of restlessness/anxiety..."</p> <p>A resident care plan, dated 4/6/12, indicated "4/11/12 Monitor at nursing station during periods of restlessness/anxiety...4/11/12 med review to address increased restlessness/anxiety..."</p> <p>Interview on 4/23/12 at 11:40 A.M., with the Director of Nursing indicated the alarm was not sounding at the time of the 3/23/12 and 4/11/12 falls. She indicated "another staff member was added" for ambulating the resident after the 4/9/12 fall.</p> <p>Interview on 4/24/12 at 9:30 A.M., with the Director of Nursing indicated she was unaware of why the alarm didn't sound for the 3/23/12 fall but indicated the alarm had sounded for the 4/11/12 fall. She indicated the resident slid forward in the wheelchair and "then the alarm didn't sound until she</p>						

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	<p>went to the floor."</p> <p>3. On 4/23/12 at 8:30 A.M., during an initial tour with the MDS Coordinator, Resident #C was identified as having had no falls.</p> <p>On 4/23/12 at 11:00 A.M., Resident #C was observed lying in bed in her room. There was a bed alarm in place.</p> <p>Resident #C's clinical record was reviewed on 4/23/12 at 11:30 A.M. The record indicated the resident was admitted with diagnoses which included, but were not limited to, dementia, osteoporosis, osteoarthritis, macular degeneration, overactive bladder, and carotid stenosis.</p> <p>An MDS Quarterly Assessment, dated 1/1/12, indicated the resident was severely impaired in cognitive decision-making skills, required extensive one-person physical assistance for transfer and toilet use, was non-ambulatory, was</p>						

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	<p>unsteady and only able to stabilize with human assistance when walking, and had no previous falls.</p> <p>A "Nursing Admission Assessment &amp; Data Collection" form, dated 4/2/11, indicated the resident was at risk for falls.</p> <p>A resident care plan, dated 4/11/11 and updated 7/11/11 and 4/2/12, indicated "...At risk for fall/injury...bed &amp; wc (wheelchair) alarms..."</p> <p>A Nurses' Notes indicated:</p> <p>4/11/12 (no time) "Called to res rm (room), res sitting up (indicated by arrow) leaning up (indicated by arrow) against bed...assessed alarm functioning et connector broke et not connected to pad. New pad placed on bed et functions after checking (indicated by checkmark)..."</p> <p>4/12/12 (no time) "Res had some pain to L (left) thigh during transfer</p>						

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	<p>this am..." The resident had x-rays done which were negative.</p> <p>A "Fall Circumstance, Assessment and Intervention" form, dated 4/11/12, indicated"...Witnessed N (no)...Found on floor...Activity at time of fall: Transferring self ...Safety equipment in place and functioning at time of incident? N (no)...bed alarm in place, not properly functioning...Prevention update...Toilet p (after) fall...new pad replaced (alarm)...Root cause: Resident attempting to toilet self...Request UA/C&amp;S (urinalysis/culture&amp;sensitivity)... D/T (due to) increase (indicated by arrow) repetitive statements..." Documentation was lacking related to any additional interventions implemented to prevent falls.</p> <p>A resident care plan, dated 4/11/11, indicated "...4-11/12 Check UA/C&amp;S..."</p> <p>Interview on 4/23/12 at 11:40 A.M., with the Director of Nursing</p>						

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	<p>indicated the alarms were not functioning at the time of the 4/11/12 fall.</p> <p>Interview on 4/24/12 at 9:30 A.M., with the Director of Nursing indicated the connector was broken on the alarm and it did not sound. "We got her a new one."</p> <p>Review on 4/23/12 at 12:25 P.M., of a facility policy and procedure, dated 1/06 and revised 3/08, provided by the Director of Nursing, identified as current, and titled "Falls Management Program Guidelines" indicated "...Should the resident experience a fall the attending nurse shall complete the "Fall Circumstance and Reassessment Form." The form included an investigation of the circumstances surrounding the fall to determine the cause of the episode, a reassessment to identify possible contributing factors, interventions to reduce risk of repeat episode and a review by the IDT (interdisciplinary team) to</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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	<p>evaluate thoroughness of the investigation and appropriateness of interventions...."</p> <p>This Federal tag relates to Complaint IN00106340.</p> <p>3.1-45(a)(2)</p>						